AMENDMENT TRANSMITTAL LETTER						Docket No. 5999-0525PUS3	
Application No.		Filing Date		Examiner	1	Art Unit	
10/588,754-Conf. #2942		February 2, 2007		M. P. Cough	lin	1626	
Applicant(s): Jala	aj ARORA et al	•					
	HETEROCYCI AMATE RECEF			IEIR USE AS META	ABOTROP	IC	
MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 223 Transmitted here	313-1450	ndment in the	ahove-identif	ied application			
The fee has been				• •			
			S AS AMENI				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	40	- 62 =	0	x 52.00		0.00	
Independent Claims	1	- 3 =	0	x 220.00		0.00	
Multiple Dependent Claims (check if applicable)							
Other fee (pleas	se specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00	
x Large Entity Small Entity						0.00	
x No additiona		d for this amer	ndment.				
Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.							
	he amount of \$			sed.			
=	credit card. Fo						
X The Director		norized to char	ge and credit	Deposit Account Nenclosed.	lo02	-2448	
x Credit a	ny overpaymer	nt.					
x Charge	any additional fil	ing or applicatio	n processing	fees required under :	37 CFR 1.1	6 and 1.17.	
Eugene T. Pere		GARTH M. DA		Dated:	July 1,	2010	
Attorney Reg. I							
BIRCH, STEW. 8110 Gatehous P.O. Box 747 Falls Church, V (703) 205-8000	se Road, Suite /irginia 22040-	100 East	_P				
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